



# State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/19/2005

Business ID: 388275

William M. Gardner

Secretary of State

AMERICOM GOVERNMENT SERVICES, INC.

2 RESEARCH WAY

PRINCETON, NJ 08540

ADDRESS OF PRINCIPAL OFFICE:

2 RESEARCH WAY

PRINCETON, NJ 08540

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM

9 CAPITOL ST

CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 388275

STATE OF DOMICILE: DELAWARE

FEDERAL ID: 223817393

U.S. GOVERNMENT CONTRACTOR

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES DAVID HELFGOTT  
STREET 2 RESEARCH WAY  
CITY/STATE/ZIP PRINCETON, NJ 08540

SEC'Y MARA YOELSON  
STREET 2 RESEARCH WAY  
CITY/STATE/ZIP PRINCETON, NJ 08540

V-PRES RAN FRAZIER  
STREET 2 RESEARCH WAY  
CITY/STATE/ZIP PRINCETON, NJ 08540

NAME .....  
STREET .....  
CITY/STATE/ZIP .....

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME DAVID HELFGOTT  
STREET 2 RESEARCH WAY  
CITY/STATE/ZIP PRINCETON, NJ 08540

NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

RAN FRAZIER

Please print name and title of signer:

RAN FRAZIER

/ VICE PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529